U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
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Page 1 of 2

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

Form LM-30 (2003)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1/1/2004 Through: 12/31/2004

3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name MICHAEL KEPP	Name Local 2002 Painters			
	Labor Organization File Number 508 · 712			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 7133 Co. Rd. 19 5, E.	Street 1216 2nd St			
city Rochesten, MN. 55904	city Rochaston			
State ZIP Code + 4	State Minnesola, ZIP Code + 4 55902			
5. Position in labor organization.				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:	·			
P.O. Box, Bldg., Room No., if any				
Chronia	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Signature VI & WI				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed January Company of the Signed Company o	On 8-5-05 507-280 - 0102  Date Telephone Number			

Name ਕੇ Person Filing		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including	g trade name, if any).	9. Business deals with:		
Name				
Trade Name, if any:		a. Labor Organiza	uon	
P.O. Box, Bldg., Room No., if any		b. Trust c. Employer		
Street				
City				
State	ZIP Code + 4			
10. If 9.b, or 9.c. is checked give trust or ea	nployer's name.	11.a. Nature of such deali	ng.	
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street		11.b. Approximate dollar valu	o of Such dealing	
City		12.a. Nature of interest held		
State	ZIP Code + 4			
		12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.		
Name				
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street				
City				
State	ZIP Code + 4			

14.b. Amount of payment.

or Consultant

13.b. Is the Business an Employer